



Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant

Substitute for State Form 10829 (R/12-2005)

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Name of Facility		Permit Number	
Month	Year	Plant Design Flow mgd	Telephone Number
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs (Optional)	Susp. Solids - mg/l	Susp. Solids - lbs (Optional)	Phosphorus - mg/l	Ammonia - mg/l	
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No. of Data																		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT)

(DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
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(SIGNATURE OF CERTIFIED OPERATOR)		(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)		(DATE)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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Name of Facility	Permit Number	For Month Of:	Year
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(SIGNATURE OF CERTIFIED OPERATOR)		(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)		(DATE)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Percent Capacity (actual flow/design)
Primary Treatment					
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

**Monthly Report of Operation
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(SIGNATURE OF CERTIFIED OPERATOR)

(Date)

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AUTHORIZED AGENT)

(Date)

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Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Name of Facility	Permit Number	For Month Of:	Year
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(DATE)

(DATE)

Substitute for State Form 30530

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